

2019

OACE WACKY GAMES

SATURDAY, OCTOBER 19, 2019
ST. DOMINIC ARCHDIOCESAN CENTER
AUDITORIUM
10:00 A.M. - 4:00 P.M.
HOUSTON, TEXAS

Do you have what it takes? Come and test your physical and knowledge skills with Junior High Youth groups from around the Archdiocese in the wackiest, messiest and creative games around!



2019 Wacky Games is a day of fun and fellowship

where young people in grades 6 -8 play crazy games, build community, share a meal and celebrate our faith in prayer. Physical condition or skill level doesn't matter; there are games for everyone. Cost \$25.00 per person (includes lunch) until October 4, 2019. After October 4 late fee of \$10.00 will be added until October 11, 2019.

Wacky Games Registration Form

Name _____ M/F _____ Grade _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Parish/Group _____

Please provide me with a Vegetarian Option _____

(Due to the number of people, we are only able to provide a vegetarian option. If you have a special diet, you may want to bring your own lunch.)

Return this form to your Youth Ministry Leader by _____ with the following items:

1. Payment \$25.00 before October 4, 2019. Fee after October 4 – October 11, 2019 (\$35.00)
2. Parental Consent/Liability Waiver & Medical Consent Form or Adult Medical Consent Form

Sponsored by the Office of Adolescent Catechesis and Evangelization

2019

OACE WACKY GAMES

Information Sheet

Team Members

Parishes may enter three teams into the challenge. Each team may have an unlimited number of members, but only 6 members from the team may compete in an event. The teams are allowed to make substitutions. Attention All adults, there will also be an adult category for chaperones to participate in a few games.

Banners & Shirts

Each team is encouraged to make and bring a banner that represents their group. Banners will be hung on the wall during the rally and may be made out of paper or other materials. A recommended size is 4 feet tall by 6 feet long. Each team is also encouraged to design a T-shirt for their team uniform. Awards will be given for best banner and T-shirt designs.

Events/Activities/Rules

A complete list of events and rules will be sent to parishes upon registration. The events in the planning are various games, messy relays/challenges, cheer contest, prayer service and our famous Catholic trivia contest; *The Lion's Den*.

Clothing

Youth are asked to wear appropriate clothing throughout the day. No short-shorts, halter-tops or T-shirts with inappropriate advertising, sayings, or political references should be worn. Also please have your youth keep in mind that they may get messy so you may also want to wear something that can get dirty.

Scoring & Awards

Although the Wacky Games main focus is fellowship, we will be giving awards. Teams will earn points based on several factors (i.e. best times, first to finish, teamwork, etc.) for each event. Ribbons will be awarded for certain events. At the end of the Wacky Games, points will be totaled to determine first, second and third places. Ribbons will be distributed at the Awards Ceremony.

What to Bring

- Change of clothes (Due to game play)
- Hat
- Sunglasses
- Sunscreen
- Towel (wipe off the sweat and any mess)
- Blanket, beach towel or lawn chair for seating outside

Food

Lunch will be provided but you may want to bring your own cooler for water, extra drinks and snacks for your youth. If you require special dietary needs, you are asked to bring them. We are only able to provide a vegetarian option.

Who must register? All those attending must register for the event, **including chaperones**. There will be a couple of events just for those who are kids at heart. **REGISTRATION DEADLINE IS October 4, 2019 WITH LATE REGISTRATION DEADLINE OF October 11, 2019.**

2019

WACKY GAMES

Code of Conduct

Parish contacts are responsible for the youth they accompany. Each parish should send one adult for every six youth. Adults should review these guidelines with each participant before they arrive at the rally.

Each participant and their parent(s)/legal guardian must sign below to indicate that you understand and agree to abide by these guidelines:

- I agree to have the best possible time at the OACE WACKY GAMES, and to share the spirit of Christian joy, friendship and sportsmanship with other participants. I understand that because of the nature of the games, I must listen carefully to all instructions and not to engage in any unauthorized activity or horseplay, which could cause harm to myself and/or others.
- I agree to be prompt and on time to scheduled events, and to participate in all the day's activities.
- I agree to wear my Wacky Games badge in a visible spot during all activities.
- Alcohol, Cigarettes, Vaping/E-Cigarettes, Weapons or Illegal Drugs are strictly prohibited. I agree neither to use or possess them nor to be present while others use these substances.
- Christ-like behavior is expected of me at all times. Inappropriate contact, touch, gestures, language or activity of an offensive nature is **NOT ACCEPTABLE**.
- I agree to respect all property of **St. Dominic Archdiocesan Center**. I shall not destroy nor remove any property of the facility. I will be financially responsible for any damages that I may cause.

YOUTH: I agree to abide by this Code of Conduct. As a representative of the Catholic Archdiocese of Galveston-Houston, I am asked to project an image of Christian consideration, sensitivity and respect for others and the property around me. Infractions of these codes will result in Event Staff/Youth Leader discussing the infraction with me. In the unlikely event that a behavior problem requires action, my parent(s) or legal guardian will be notified and I will be dismissed from the event. My parent(s)/legal guardian will be expected to pick me up or I will be sent home with my adult chaperone at my own expense.

PARENT: I accept the conditions stated above regarding my child's participation at the Wacky Games.

BOTH YOUTH AND PARENT MUST SIGN THE CODE OF CONDUCT BOX LOCATED ON THE ARCHDIOCESAN PERMISSION / LIABILITY AND MEDICAL RELEASE FORM.

**Archdiocese of Galveston-Houston
Office of Adolescent Catechesis and Evangelization**

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____ Date of Birth _____
Home Address _____ City/Zip Code _____
Parent(s)/Guardian(s) _____ Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Phone or Work _____
Parish or Catholic School _____ Grade _____ Age _____ Sex _____
Participant's Email Address _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in (event) **Wacky Games** to be held **October 19, 2019**
10:00 a.m.—4:00 p.m. at **St. Dominic Archdiocesan Center Auditorium, 2403 Holcombe Blvd., Houston, TX 77021**

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge and I agree to accept the conditions stated on the Youth Code of Conduct. (See Code of Conduct)

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant)

Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

ARCHDIOCESE OF GALVESTON-HOUSTON MEDICAL CONSENT FORM

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Had an episode of the following or has been diagnosed: 5Seizures 5 Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Had a medical surgery within the last six months? 5Yes 5 No Still under doctor's care? 5Yes 5 No
- A medically prescribed diet _____
- The following physical limitations _____
- Immunizations current and up to date: 5Yes 5 No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: _____ **No, I do not carry medical insurance at this time.**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

Signature (Participant 18 years of age or older must sign own consent) Date

**Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form
OACE WACKY GAMES, October 19, 2019**

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Print Name _____ Date: _____

Address _____

City _____ Zip _____

Parish _____

Home Phone (____) _____ Work Phone (____) _____

Physician's Name _____ Phone (____) _____

(The following request is pertinent information if you're rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance: Yes No

If Yes, Please provide the following information: Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number: (____) _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

X _____
Signature

In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones/young adult assistants, I understand that there will be consequences for my actions, which could include being asked to leave the event.